

TLC TRIAL Form HOMECHAR.03 Home Characteristics

For clinic use only

Log number _____

Center ID: _____ - _____
Screening ID: S _____ - _____
Study ID: T _____ - _____
House ID: _____
Visit Code: H1 - _____
Date of visit: ____/____/____

INSTRUCTIONS This form is to be filled out whenever a home is assessed for TLC cleanup, either during the Screening Period or after the child has been randomized. More than one such assessment may occur for a child at a given location during the course of the Trial. Therefore, it is important to fill in the House ID number (assigned sequentially for each location that is assessed for each child) and the number of times that this particular home has been assessed (in Visit Code). For example, Visit Code H1-3 indicates that this is the third assessment for this house.

1. **Purpose of assessment**

()₁ Pre-randomization

()₂ Relocation

()₃ Follow-up

()₄ Other, specify _____

OCCUPANT INTERVIEW

2. How long have you lived at this address? _____ yrs _____ mos
3. Has this house been inspected for lead paint?

()₀ No ()₁ Yes ()₂ Don't know

IF YES

a. When? ____/____/____ mm/yy
4. Have you or your landlord scraped, sanded, remodelled, or repainted any areas in this house?

()₀ No ()₁ Yes ()₂ Don't know

IF YES

a. When? ____/____/____ mm/yy
5. Does the heating system work?

()₀ No ()₁ Yes ()₂ Don't know
6. Are there leaks in the plumbing?

()₀ No ()₁ Yes ()₂ Don't know
7. Are there any problems with the roof?

()₀ No ()₁ Yes ()₂ Don't know
8. Are there any structural problems, for example, problems with the walls (inside or outside), the porch, foundation, stairs?

()₀ No ()₁ Yes ()₂ Don't know
9. Are there any problems with rats?

()₀ No ()₁ Yes ()₂ Don't know
10. Is there any peeling or deteriorating paint?

()₀ No ()₁ Yes ()₂ Don't know

Send to:
TLC Data Coordinating Center

Include no identifying information.

Center ID: _____ - _____

Screening ID: S _____ - _____

Study ID: T _____ - _____

House ID: _____

Visit Code: H1 - _____

Date of visit: ____/____/____

VISUAL INSPECTION

11. Type of dwelling ☐ ₁ Single family house
☐ ₂ Multi-family house
☐ ₃ Multi-family apartment building
☐ ₄ Row house
☐ ₅ Other, specify: _____
12. Problems with heating system ☐ ₀ No ☐ ₁ Yes, specify: _____
13. Plumbing leaks ☐ ₀ No ☐ ₁ Yes, specify: _____
14. Roof ☐ ₀ No ☐ ₁ Yes, specify: _____
15. Structure of building ☐ ₀ No ☐ ₁ Yes, specify: _____
16. Infestation of rats ☐ ₀ No ☐ ₁ Yes, specify: _____
17. Peeling or deteriorating paint ☐ ₀ No ☐ ₁ Yes, specify: _____

OVERALL ASSESSMENT

18. Assessment of overall maintenance of dwelling, including exterior paint condition
☐ ₁ Good ☐ ₂ Fair ☐ ₃ Poor
19. Assessment of lead exposure level in this house
☐ ₁ Low ☐ ₂ Moderate ☐ ₃ High
20. In the best judgment of the TLC Home Assessor, can this house be adequately cleaned following the TLC protocol?
☐ ₀ No ☐ ₁ Yes

ADMINISTRATIVE MATTERS

21. Dust samples collected ☐ ₀ No ☐ ₁ Yes
22. TLC staff _____
Signature _____ *TLC Code* _____

COMMENTS